YOUTH ON PRINCE EDWARD ISLAND

an investment in our future . . .

A REVIEW OF THE NEEDS AND SERVICE REQUIREMENTS

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A EXECUTIVE SUMMARY

In February 1989, the Chairman of the Policy Board Committee of Cabinet publicly announced that a review of services to adolescents would be completed. This review would examine the needs and service requirements of adolescents, the range and type of services currently available, service barriers and/or service gaps. The interest in such a review at this time was precipitated by both Government's growing sense that the needs of adolescents were becoming more visible and more acute, and a growing realization on behalf of service providers of the limitations of existing services and structures to effectively serve this population.

This report concludes that:

1. Like everyone else, young people on Prince Edward Island have not been immune to the dramatic changes in the family/social environment over the past two decades. These changes have directly shaped how many current challenges have evolved for young people.

2. There is a growing population of adolescents who are experiencing serious emotional and behavioural distress, and the current service system is having difficulty in adequately meeting their needs; these adolescents are often without appropriate supports/services, and will present greater demands on the service system and our communities if their needs are not addressed.

3. The degree of emotional and behavioural distress is manifested in a measurable increase in the number of documented cases of: the incidence of known suicide attempts; the extent of alcohol and chemical abuse; and the number of adolescents and/or young people who are essentially on the streets without any attachment to a support system.

4. The existing service systems are not integrated or coordinated; programs are overtaxed in some areas; there is a lack of specialized assessment and treatment capability, and front line staff are often without appropriate clinical support, staff training and development. This results in a system which is viewed as being crisis-driven.

5. Many parents, and the community generally, are not able to understand and anticipate the needs of this population, and find it difficult to cope with the seriously distressed adolescent. There is a need to define both family and community interventions which will enable the community to more effectively meet the needs of its young citizens.

6. Field staff and management from within the various service systems are highly committed to serve this adolescent population, but often feel frustrated by the absence of an overall direction, the necessary commitment to exploring and defining a more efficient system, and by the lack of resources for certain specialized services.

This Report recommends:

1. There is a need for a clearer policy direction/strategy which places a high value on investing in the young people of Prince Edward Island, and which seeks to more effectively reinforce the natural support networks of both children and families in the community.

2. There is a need for a formal mechanism within Government to coordinate the delivery of existing services, and plan the development of new services.

3. There is a need to realign the Mental Health and Child & Family Services sectors to more effectively provide care and treatment to the high risk population.

4. There is a need to provide additional resources and supports to parts of the current system; to provide clinical leadership/support to front line staff, to develop specialized foster placements, and to expand assessment and counselling services regarding alcohol abuse.

5. There is a need for the school system to establish a tracking system for school dropouts, to explore alternative education options, and to examine the potential within the school environment for early intervention programs.

6. There is a need for a comprehensive strategy, involving both Government and community resources, regarding early intervention programs and supports targeted at high risk children.

7. There is a need to establish channels or vehicles to provide young people with an opportunity to participate more directly in how their issues or needs are viewed and resolved.

8. There is a need to provide informational supports to both parents and communities; parents and communities need to be able to relate to young people with optimism and confidence.

9. There is a need to develop more effective strategies in the areas of alternative education, life-skills, work/employment skills, and recreation.

B ACKNOWLEDGMENTS

To assist in the definition of the task and the interpretation of the information gathered during the study phase, a small reference committee was established; its membership included:

Phil Arbing	Director, Community & Correctional Services Department of Justice
Dr. Pam Forsythe	Director, Mental Health Hillsboro Hospital
Dr. Parnell Garland	Director, Educational Services Department of Education
Bill Lawlor	Director, Community Mental Health Department of Health & Social Services
Phil Matusiewicz	Coordinator, Adolescent Services Child & Family Services Department of Health & Social Services
Marie MacDonald	Director Child & Family Services Department of Health & Social Services

Steve McQuaid from the Executive Council support staff was assigned to give leadership to the task of completing the Report.

In addition to the ongoing assistance provided by the above committee, many other individuals contributed to the review through written submissions or by sharing their personal experiences and/or observations. Included among this group are social services and health personnel, justice staff, guidance counsellors, school administrators, private agency counsellors, policemen, and clergy. Over the course of the past year, their concerns and views were collected by the writer by either direct interview, or through their participation in various workshops exploring the needs of young people. Over the past year, it is evident that there is a growing *critical mass* of interest in our young people; this is a good sign for the future.

Lastly, a word of thanks to Janet O'Neill, for her assistance in getting this report to its final stage; her energy, ideas and patience have been greatly appreciated.

C PREFACE

The following report is not intended to be a comprehensive analysis of the full range of questions or issues that could be pursued. **Rather it is an attempt to focus on the adolescent population and get a sense of the "current" situation, to identify critical and urgent issues, and to recommend what directions might be taken.**

Other than drawing attention to a number of community-led initiatives, the study does not explore or examine the current role of the private sector, nor the interests or concerns of the community at large. This was a conscious decision of the Committee; it was felt that there was a need to review Government's role and involvement first. Obviously the concerns and interests of the community at large and the role/involvement of the community with young people is critical to an effective strategy to deal with the needs of young people. The Report recommends that this next step be taken as part of implementing the general intent of this study.

In this report, the adolescent/youth is that young person who is generally between the ages of twelve to eighteen. The Report does not deal directly with the needs of young people under the age of twelve. However, everyone involved in the Review acknowledges that adolescents do not develop serious problems simply because they are "older". In fact, many school teachers, health workers and social workers often encounter very young children whose needs are acute, and it's just a matter of time before things become quite serious if no early intervention is made. This service gap will need to be addressed if we are really interested in helping our young people develop into capable and confident citizens.

CHAPTER ONE
YOUTH/ADOLESCENTS ON PRINCE EDWARD ISLAND

"....I hope your report not only tells about the problems that we have, but that we want to help ourselves too; young people are at times troubled and have problems, but we can do a lot of good...."

- Young person's comment

I YOUTH/ADOLESCENTS ON PEI

Population

The 1986 census figures indicate that there are 39,555 persons on PEI who are eighteen years of age or younger; this represents almost one-third of the total population of the Province. Further, about 15,160 of these are within the age range of twelve - eighteen, while the remaining represent those younger than twelve. There is evidence which indicates that an increasing number of our young people are experiencing serious difficulty in their day to day lives, and that these difficulties are impairing their ability to develop the knowledge, skills, and confidence required to function in today's world.

Social Context

Until very recently, it has not been common to think about or view this group as a distinct population, with developmental needs and service requirements that differ from the needs and service requirements of adults. In many ways, the awareness of the needs of adolescents/youth, as with children's needs generally, has been emerging in various incremental ways over the past ten-fifteen years. We are living in an era where children are having to adapt and cope with rapid change and turbulence both in the family and community context. The young person is often quite vulnerable to the pace and impact of these changes, and without the appropriate supports, at critical times in the child's life, the risks to healthy emotional and social development is high.

The social environment in which we find ourselves has not suddenly converged on us in the last few years, rather it is one that has been developing and evolving over the past two or three decades. There have been many factors identified which, taken together, contributed to our present situation including: changing social values, changing economic forces, and changing family structures.

The research and literature available on the impact and consequences of change has been steadily developing over the past ten years, and we are now able to better understand why young people are presenting certain needs.

Vance Packard, an American social scientist, in his recent book entitled Our Endangered Children, 1983, gives a very good account of what a young person might encounter in today's world. In his view, for a growing number of children, being young may mean:

- **wondering if your parents are going to split-up,** or if they have, living in a one-parent home; or adjusting to newcomers in the house as is the case with "blended" families;

- **being alone, or feeling lonely a lot of the time**; in today's "busy" world having a lot of people around you doesn't necessarily mean you are "connected" to them;

- **encountering a lot of explicit and implicit "no children" messages,** e.g. apartment houses that don't want couples with children, or just getting the general message that adults don't want to include young people in their lives/activities very much;

- **having little real or significant contact with adults.** Most adults that a young person may know go away each day to work at something that the child might only vaguely understand; there is often little chance for a young person to work alongside interesting adults on interesting projects;

- **feeling that you are a burden,** and being given few ways to make yourself useful; certainly many young people do not get any sense that they are "the community's most treasured resource";

- living in a world **environment that makes you feel apprehensive;** simply watching the daily newscasts must make young people wonder about the adult world's motivation and capacity to solve problems;

- if you are small, there is a good chance of being **left everyday with a caretaker** (or caretakers), usually outside your home;

- **most of the talk that you hear each day is coming from machines** (TV, audio tapes, etc.) rather than from people you know;

- **often coping with parents who are pretty self-absorbed,** or uncertain about their role in life; role changes within the family structure, and unpredictable employment disruption can preoccupy the energy and focus of parents.

While Packard is making his observations on trends in North American society generally, the Island community has not been immune from the powerful social dynamics behind these trends. Many of the field workers who interact directly with young people can identify with Packard's observations.

- guidance counsellors and teachers can describe young people who are struggling with difficult personal situations with seemingly no natural support network;

- police officers and Department of Justice personnel speak of their concern about the number of young kids who are "drifting", seemingly left to take whatever direction they wish, the extent of underage drinking, and the incidence of violence toward persons and/or property;

- Health & Social Service staff can describe young people who are essentially without roots, have serious alcohol or drug problems, and who may have made serious attempts to harm themselves or others.

Packard ends his observations on what being young in today's world can mean for many children by concluding:

> *"...these meanings add up to a new kind of adversity for millions of children. They promote a sense of insecurity that may be behind a seemingly cheerful countenance. They often add up to a poor foundation for adult life.*
>
> *Many of these new kinds of stresses and possible blighting factors can be counteracted by wise parenting and good community situations. But these meanings of being young today do present a challenge to parents and to our society."*

The review process did not provide for any extensive effort to survey the views of young people themselves. While this was thought to be a critical element, the Committee viewed this as an initiative which should be one of the follow-up tasks of this report. However, in December, 1989, the Charlottetown Boys and Girls Club completed a needs survey - **Impact on Youth**. 415 young people completed a survey questionnaire designed to invite the views on the concerns/needs of young people. The kinds of issues that many young people in the greater Charlottetown area are concerned about include:

Family Relationships - Changes in the family unit, lack of quality time, and peer and social influences affecting the family. 61% of males and 78% of females surveyed identified this as a concern.

Substance Abuse - Youth are becoming involved in the use of substances such as alcohol and drugs at an earlier age. 57% of males and 69% of females surveyed considered substance abuse a problem.

Suicide - 40% of males and 58% of females surveyed indicated that the rise in the frequency of suicide attempts is a serious concern.

Peer Pressure - Peer acceptance is very important to young people. Positive peer pressure provides the support a young person needs, but negative peer pressure can lead to unrealistic expectations and a series of problems ranging from anorexia to alcohol and drug misuse. 77% of females and 55% of males surveyed considered peer pressure, and how it is dealt with, a serious issue.

Child Abuse - Disclosure of incidents of physical, sexual and emotional abuse have increased; young people are more aware of abuse and are more willing to talk about it. 57% of females and 43% of males surveyed feel that abuse, and its devastating consequences is a concern.

Runaways and Street Youth - More and more, young people seem to be choosing the runaway option as a way of dealing with difficult family situations. According to the survey results, there may be as many as two dozen youth living on the streets of Charlottetown at any given time. 43% of males and 53% of females identified running away from home as a signal that a young person is in difficulty.

No Place to Go - 72% of males and 80% of females indicate that not having a place to go is a problem. While the high statistic may puzzle many adults, it clearly indicates that there is a need to make a greater effort to sit down with young people and search for recreational options.

As the youth survey indicates, many of our Island young people are concerned about a number of serious issues which are immediately affecting them or someone who is close to them. If one were to view this situation in an ecological context, one would conclude that critical supports within the child's environment are not available, or if they are available, they are not functioning very effectively. The young person often feels alone in the effort to understand and cope with the disruption brought about by social change. Without our awareness as a community of the impact of change, and our subsequent efforts to deliberately intervene and support our children and youth, their experience will likely become even more difficult.

Descriptive Profile Of High Risk Youth

While the changing social environment obviously impacts on all young people, their capacity to adapt and cope differs greatly. Increasingly, the evidence shows that there is a growing number of young people who are having serious difficulty in functioning on a day-to-day basis. Human service providers refer to this group as being the "at risk" group; they are young people whose day-to-day living circumstances are such that they require ongoing support, and in some cases very specialized services, to cope with the daily routine of living.

In the book Our Endangered Children referred to earlier, Packard outlined symptoms of a society in trouble with its children. Some of these include:

- **Kids who are out-of-control, runaways, and street kids;** Packard states that these kids are more properly described as "throwaway kids"; kids whose parents or guardians could not, or did not, take the time to relate to and understand them.

- **Deviant school or community behaviour;** kids who are belligerent, aggressive, violent, and disrespectful of authority and structure.

- **Increase in suicide attempts, and actual suicides;** kids who are withdrawn, depressed, and introverted, these kids often suppress their desperation and anger and turn it on themselves.

- **Increase in juvenile crime;** primarily offenses against property such as vandalism, stealing, but also crimes against the person such as harassment and assault.

- **Increase in sexual activity;** young people are engaging in sexual activity at a much earlier age, but are both unaware of and unable to cope with the emotional and physical consequences of this behaviour.

- **Increase in the incidence of substance abuse;** the evidence is that kids are using and abusing alcohol and drugs at a much earlier age.

- **Incidence of violence/abuse;** increase in the reported incidences where kids are abused and/or exploited by adults.

As part of the review process, approximately 30 field staff from the various agencies were invited to spend a day discussing the needs of this group of young people. Some time was spent in describing the profile of the "at risk" young person. The similarity between the findings of field staff and the observations made by Vance Packard are obvious to the reader. Young people at risk can be broadly described or categorized into two groups; the "high risk" group, and the "at risk" group. The distinction between the two groups is based on the number and intensity of the risk factors present in the child's life situation. From a behavioral point of view, these young people can be described as follows:

HIGH RISK - Those adolescents whose needs are quite visible, and who require specialized services - individuals in this group often present several of the following characteristics:

- multiple risk factors; eg. low self esteem, learning disabled, no family supports, personality disorder, drug/alcohol abuse, etc.
- severe, uncontrolled behavior,
- victims of sexual/physical abuse,
- manipulative, use relationships/people,
- delinquent behaviors,
- suicidal attempts,
- alienated from family/community,
- promiscuous,
- identify with deviant cultures,
- impulsive, need immediate gratification,
- seemingly no respect for persons, property or authority,
- often have early contact with service system, are long term, difficult to serve effectively.

Providing services to this group presents challenge in terms of time, emotional energy and physical resources. This is also the group for which the system does not often have enough specialized resources, and the consequence is an inappropriate service, or no service at all. It is with respect to this group that the lack of specialized services, and the lack of system coordination is most evident.

AT RISK - Those adolescents whose needs are often invisible, but whose needs require intervention and support to stabilize and prevent a deepening of the problem. - individuals in this group often present several of the following characteristics:

- often internalize distress or feelings of inadequacy,
- lonely, and/or socially isolated,
- identify self-esteem, self-confidence problems,
- could have visible or "invisible" disability, either mental or physical,
- suicidal - often the introverted child may be more likely to complete suicide,
- have developmental problems, may lag behind in certain academic, social or life skills,
- have eating disorders, either too much or not enough,
- prone to episodes of quiet depression,
- often victims of sexual or physical abuse.

Adolescents within this group often miss out on services because their symptoms are often misinterpreted by parents and other human service professionals, or they must wait for services because of the demands from the *high risk* population.

In addition to the above specific characteristics of the young people at risk, field staff made other general observations:

- there seem to be more males than females taxing the system;
- the needs of the female population are in many ways different from those of the male population, and programs/services must take this into account;
- our service structure has limits to what it can effectively cope with in terms of certain behaviors; hence, there are some major gaps through which some adolescents fall;
- adolescents tend to be more mobile, more independent regarding where they go, use of time;
- particularly in urban centers, there are a number of favorite *places* where adolescents congregate; these places have no structured or formal program, as the street culture often predominates;
- the actual numbers of adolescents presenting difficulties is higher in urban areas although this may be simply a reflection of lower population in rural areas, rather than any real difference in the "stressors" on the young people themselves;
- there is a noticeable increase of adolescents from middle - upper class homes coming or being referred for services. The child at risk is not a "one class" issue;
- younger people at risk appear to be increasingly vulnerable to the influence of the *wrong* older crowd;
- the family seems to have less influence over the child.

Service Data

As part of the data gathering process for this review, each of the major service providers within Government were asked to look at its "workload data" with regard to the adolescent/youth population.

Data is received from the Department of Health & Social Services, the Department of Justice and the Department of Education. The following divisions supplied statistical information.

- The Division of Child & Family Services
- The Division of Community Mental Health
- The Adolescent Unit
- Addiction Services *
- The Division of Community & Correctional Services, Young Offender Programs
- Pediatric Unit, Queen Elizabeth Hospital
- Emergency Unit, Queen Elizabeth Hospital
- Educational Services

With respect to the education system, there is no mechanism in place to systematically record the number of high risk kids, or the nature of the problems presented. Hence, the statistics reported in the paper, "Students At Risk", February 1989, are used. This paper was completed by the PEI Guidance & Counselling Association following a province-wide survey of needs within the school system. The Guidance Association's data profiles the realty of many students in the system, and indicates that there is need for concern by parents, community and Government.

From a system's point of view, there is not a well developed, integrated data base to "track" the high risk adolescent. Each service sector has its own data base, but there are several factors which make good analysis difficult; eg. understanding of what is meant by high risk differs, there is no consistent definition; some sectors collect data regionally but it is not collected/analyzed centrally; the collection time frame is not consistent; school units do not systematically log data regarding the social needs of high risk youth; and there is no systematic method to "track" the number of high risk youth who are being served by more than one agency.

Despite these factors, however, the following table does give an indication of the numbers of adolescents and/or young people whose "life crises" brings them in direct contact with the formal helping system.

*** Addiction services are provided through private community boards.**

SUMMARY OF DEPARTMENTAL DATA

Age Range 12 - 18 years

DEPARTMENT	TIME PERIOD	SERVICE INTERVENTIONS	NO.
HEALTH & SOCIAL SERVICES			
Child & Family Services	Apr/88-Mar/89	Protection/Counselling	402
		Placement Services	213
Comm. Mental Health	Apr.88-Mar/89	Counselling Services	459
Adolescent Unit	Jan/88-Dec/88	Admissions	26
HOSPITAL & HEALTH SERVICES COMM.	Jan/88-Dec/88	Admissions:	
		Suicide Attempts	23
		Behaviour Management	15
		Out Patients:	
		Drug Overdoses	54
		Office/Clinic:	
		G.P. - Psychiatric	1,217
Addiction Services	Apr/88-Mar/89	Adolescents - Treatment	137
		- Education	52
		- Assessments	96
DEPARTMENT OF JUSTICE			
Young Offenders	Apr/88-May/89	Court Appearances	334
		Dispositions - Probation	212
		- Custody	48 Closed 32 Open
		Fines, Absolute Discharges	42
DEPARTMENT OF EDUCATION			
School Support Serv.	Sept/87-May/88	Guidance Contacts	3,554
		Service Referrals	587

INTERPRETATION OF DATA

One of the suggestions that immediately comes to mind when one looks at the data table is: How does this compare with previous years? While historical data was not able to be easily retrieved from the system, some comment can be made about the trends.

- Since the early 1980's, the number of protection interventions has been on the increase. Part of this would be due to the mandatory reporting of child abuse (1982), but part is due also to the increasingly fragile nature of the family, and the support systems within the community.

- The number of young people who are dealt with in the young offenders system is much higher than previously. However, since 1983, there has been a new piece of federal legislation directing how the young offender is to be given service; it also changed the age range to ages 12 - 18, from 12 - 16 as per the earlier Juvenile Delinquent Act.

- The number of young people seen at out-patient services, or admitted to hospital for serious problems such as drug overdoses, suicidal risk, and seriously disturbed behaviours, is higher within the last few years.

- Surveys conducted within the past several years indicate that the incidence of alcohol and drug abuse among young people is cause for concern. The reason for this concern seems to be justified by the results of some recent work in Island high schools by staff at the Alcohol and Drug Problems Institute. The results of a school wide survey revealed that a surprisingly high number of students had drinking patterns that placed them in the *high risk* range.

- School systems and mental health systems are encountering similar trends. The difficulties experienced by young people are becoming more acute, and the numbers are greater.

  Note: 'Service referral" indicates those students whose service needs were beyond the capacity of the school's resources.

CHAPTER TWO
EXISTING MANDATES - SERVICES

"In many ways the system is better characterized as a series of systems rather than an integrated system; at no point in the evolution of services to youth has there been an effort to rationalize the system."

A manager's observation

2 EXISTING MANDATES - SERVICES

The service system which delivers support and services to children and adolescents within the Province has been evolving in incremental ways over the past 15 years or more. In the early '70's, the child welfare system expanded its mandate and service inventory; in the later '70's the mental health system expanded into community-based services; in the mid to late '80's the young offender's system was developed; and in recent years, the education system has begun efforts to respond to the personal and emotional needs of the student. In some instances, these services are almost exclusively directed to the adolescent and/or his/her family, in other cases, the service is available to the child generally, and the adolescent is not necessarily a priority for the service.

DEPARTMENTS

Within the Government sector, the departments or agencies primarily involved in providing services to this population include:

- The Department of Health & Social Services, through:
  - Child & Family Services Division
  - The Community Mental Health Division
  - The Aging & Extended Care Division - Adolescent Unit
  - Addiction Services - Contract with community addiction boards
  - Hospital & Health Services Commission - Through the hospital (ie emergency, outpatients, and pediatrics) and medical (ie G.P. and private psychiatrists) services
- The Department of Justice, through its division of Community and Correctional Services.
- The Department of Education, through its Educational Services section and the guidance programs within the school units.

LEGISLATION

Existing legislation that provides some direction to departments and agencies includes:

- The Family & Child Services Act (PEI-1982); the Director of Child Welfare is mandated to "protect and provide child care services" to children and families, where the children are "in need of protection". For purposes of the Act, a child is defined as any young person who is eighteen years of age or under.

- The Young Offenders Act (Federal-1983); this act replaced the Juvenile Delinquents Act; the Young Offenders Act outlines a more formal, judicial process to deal with young offenders. For purposes of the Act, a young offender is any young person between the ages of twelve and seventeen.

- Other acts such as the School Act, the Mental Health Act, and the Addictions Act do not have any specific reference to the situation or needs of adolescents. The School Act defines a student as anyone who is between the ages of six and fifteen. The Mental Health Act and the Addictions Act do not define a child or young person.

  Note: It is the Government's intention to table a Youth Employment Act during the 1990 sitting of the Legislature. This Bill will deal with issues regarding youth employment within the Province.

Among the existing provincial statutes, the Family & Child Services Act most clearly outlines a mandate with respect to the adolescent at risk; a child whose behaviour is severely disturbed, and who is beyond the control of his parents is a child in need of protection, and the Director of Child Welfare (i.e. the State) has a legal obligation to intervene and provide child care services.

The distribution and costing of Government's system of services to adolescents and youth is displayed on the following illustrations:

Province of Prince Edward Island

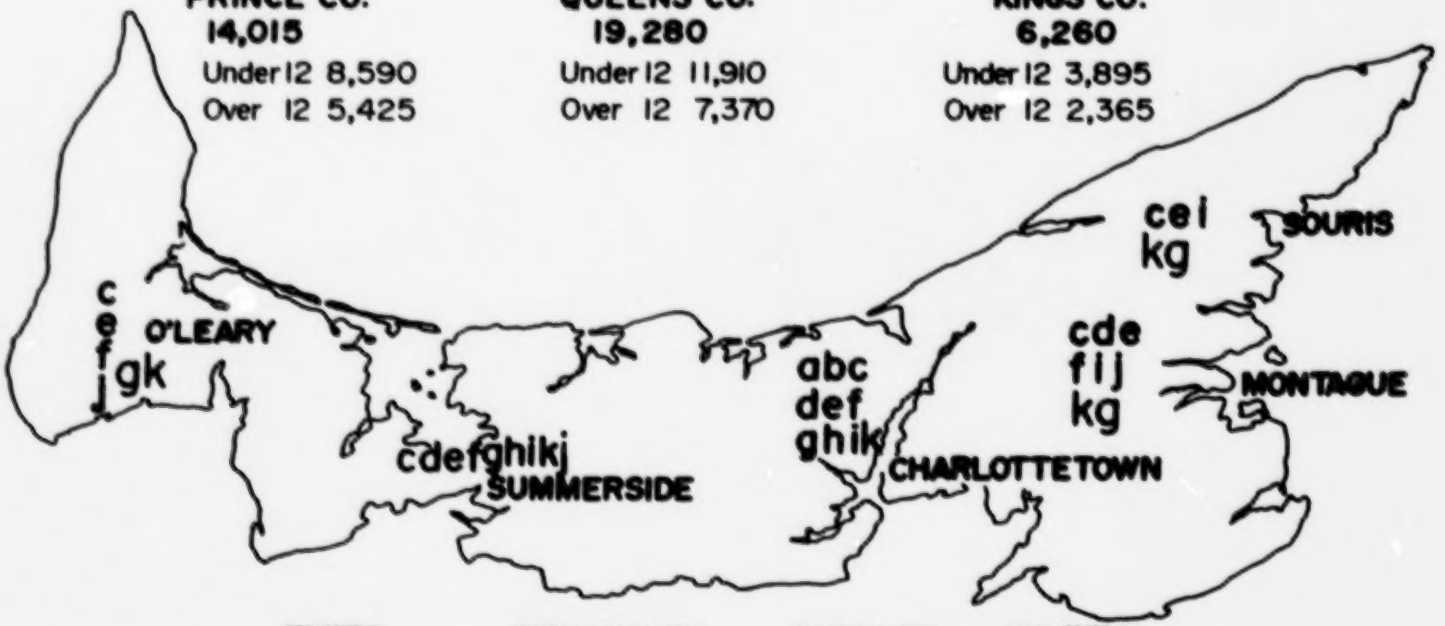
TOTAL POPULATION
CHILDREN - YOUTH - 39,555

GOVERNMENT SERVICES, TYPE, DISTRIBUTION, COST

PRINCE CO.
14,015
Under 12 8,590
Over 12 5,425

QUEENS CO.
19,280
Under 12 11,910
Over 12 7,370

KINGS CO.
6,260
Under 12 3,895
Over 12 2,365



DEPARTMENT	PROGRAM UNIT OR TEAM	RESIDENTIAL BEDS	COSTS-88/89 FY
a. Health & SS	Adolescent Treatment Unit	12 beds	408,600
b. H. H.	General Hospital	2 beds	330,000
c. Health & SS	Child Welfare Services		1,915,000
d. Health & SS	Mental Health Teams		120,000
e. Education	School System Services		881,000
f. Health & SS	Adolescent Group Homes (Level II)	30 beds	1,207,100
g. H. H.	Medical/Psychiatric Services		42,000
h. ----	Private Counselling Agencies		-----
i. Health & SS	Addictions		-----
j. Justice	Young Offenders Centres	48 beds(open/closed)	3,466,300
k. Justice	Youth/Probation/Community programs		597,400
		TOTAL	8,967,400

SERVICE ISSUES

While there is a large array of programs and services targeted at young people at risk, there are several areas where the system can be strengthened.

RESIDENTIAL CARE OPTIONS:

In recent years, the need for residential care options for high risk young people has placed new demands on those few options that are available. There is a particular need for beds for short term assessment and emergency placement. The residential options that exist are often not available for this purpose because all the beds are occupied; these beds are usually occupied by a child much longer than necessary because "bed" utilization is not a part of an integrated, managed system. Some illustrations of the problems created by this situation include:

- Over the past two years, the Pediatric Unit of the Queen Elizabeth Hospital has had an average of 20 adolescents admitted per year because of conduct disorder, or behavioural distress. These placements have often compromised the primary focus of the Unit and sometimes placed the actual medical care of children in jeopardy. A decision was taken by the QEH Board to cease non-medical admissions to pediatrics as of January 1, 1990. This will mean that some other alternate placement option must be developed.

- At one point within the last year, the Director of Child Welfare for the Province had 55 adolescent wards on its list of critical cases; 20 of these young people were *in need*, but no appropriate residential care service was available; the other young people were living in various inappropriate care placements. The Province, through the office of the Director of Child Welfare, is legally responsible for the care of adolescent wards. The Division does not have an adequate number of specialized foster placements, nor access to specialized treatment programs to service these cases. The Province's legal obligations to the children are being seriously compromised.

- The Province's mental health community has felt the impact of the increasing mental health needs of the young. In fact, the pressure caused by both the increase in referrals for consultation and assessments, and the lack of placement and/or treatment programs for adolescents has resulted in members of the psychiatric community questioning the effectiveness of providing consultation and assessment, when appropriate back-up services are not available.

MENTAL HEALTH SERVICES:

Mental health services for children and adolescents are not well-developed within the Province. There is no specific mandate assigned to anyone in the mental health area to give leadership to the development of the clinical expertise necessary to effectively assess and treat severe emotional and behavioural problems, nor is anyone assigned the responsibility of developing the mental health program base for adolescents and children. Most of the time and energy of the Province's psychiatric community is taken up by the service needs of adults; likewise with the resources of the community mental health teams. Services to adolescents and their families represent only 17% of the workload of mental health teams. The absence of the appropriate mental health back-up leaves front line staff in schools, family agencies, and social service offices without consultation and assessment services. Previous studies or reports which comment further on this issue include:

- The June 1988 report on the Review of the Mental Health System comments on the absence of a clear focus and direction around which to develop an effective mental health service for children and adolescents.

- The Final Report of the Youth Court Clinic Project documents the need for access to mental health services, including assessment and in-patient treatment services, for those young offenders who have serious emotional and behavioural problems.

- The PEI Guidance and Counselling Association's report "Students At Risk" identified a need for assessment and consultation support, on a school-based crises intervention model, for students in personal crises.

ALTERNATE EDUCATION:

While there are some alternative education programs available in a number of Island high schools, the Province does not have an *alternative education strategy*. Educational personnel at both the Departmental and school unit levels acknowledge that this is a program weakness that needs to be addressed. Many young people who are not able to cope with or adapt to the conventional school program often are without options. It is estimated that approximately 8 - 10% of the school population from grades 7 - 12 drop out of school each year. (Approximately 800 - 1000 students). The educational system does not have a means of *tracking* this population at this point in time.

Two recent studies which have commented on the school drop-out pattern include:

- The February 1989 report of the Welfare Assistance Review Committee - Dignity, Security and Opportunity, acknowledges that a low level of educational achievement often translates into higher levels of dependence; This report recommended that the departments of Health & Social Services and Education, jointly develop a strategy of prevention and early intervention to the problem of premature withdrawal from school, and the development of educational alternatives designed to retain high risk children in a learning environment.

- The Hall-Glendenning report on vocational education - Some New Directions, commented on the lack of good data on school drop-outs as a difficulty in determining how to program more effectively for the learning needs of this population.

In recent years, there have been a few community-based initiatives to test different models of alternative education for high risk kids. This approach has had some promising results for young people and should be further explored.

YOUTH EMPLOYMENT:

In recent years, this Province has seen a paradoxical sort of situation develop; more and more young people are able to pick up part-time work either during the school year or in the summer, while there are large numbers of young adults who are chronically unemployed. The former causes some concern for parents and educators, particularly if working begins to interfere with school responsibilities, while the latter is a greater concern in that the lack of employment will tend to prevent the young adult from finding a secure plateau from which to plan and develop his/her life. The area of youth employment should be examined with a view to developing a strategy for planning and action.

ADDICTION SERVICES:

- The Province does not have a Province-wide drug treatment - drug education program for adolescents at this time. The Alcohol & Drug Problems Institute has an adolescent program which provides assessment and treatment to individuals, and assessment/consultation services to schools and other agencies. Their program is seeing more young people each year, and has introduced the highly successful Student Assistance Program in the Montague Junior/Senior High School over the past year.

EARLY INTERVENTION:

Increasingly, the research and literature in the area of dealing with high risk children and youth is bringing an emphasis to early intervention; the earlier the service/support system begins to intervene with the emerging symptoms and underlying factors, the greater the chances of reducing both the impact of the problem and the eventual costs of the solution.

In PEI, there have been some initiatives taken in recent years in this area. The Reproductive Care Program is a prenatal program to identify mothers who encounter/experience high risk factors during pregnancy. These mothers are referred to specific services for support. A second early intervention type program is the Public Health Child Assessment Program - public health staff assess all children at three and one-half and five and one-half years of age for a variety of physical and/or emotional difficulties. A number of the initiatives taken in the area of early childhood education are also examples of positive early intervention at work.

Because all children enter the school system when they reach six years of age, the personnel within the school system are in an ideal position to detect the early signs of a child in difficulty. Recent research literature from the province of Ontario points out that some jurisdictions are recognizing that the school environment represents a strategic early intervention opportunity in reducing the risk factors which may be impacting on kids. The implementation of the new Family Life curriculum, and the changing emphasis in the role of school guidance service indicates that the Island school system is attempting to shape a family support focus. In developing an early intervention strategy, the potential for the province's school system to play a strategic role should be further examined.

COMMUNITY EMPOWERMENT:

There is a need to create community processes that foster competence, control and involvement. The larger community, including young people's groups, families, community structures and agencies, and business groups, must be engaged when it comes to understanding the needs of children and young people, and searching for more effective ways to meet these needs.

Some of the areas where there would seem to be fertile ground for some "empowering" types of initiatives to emerge would include:

- **Young people groups** - There already exist a number of youth organizations, some of which are locally based, others that have province-wide organizations. These groups include young people who are generally both energetic and enthusiastic, who are quite able to articulate their hopes, aspirations and worries, and would easily become more involved in the "solution-finding" process.

- **Parent-family support** - Many parents have difficulty approaching the existing *helping* system for support regarding their fears, apprehensions or questions about their parenting role. Sometimes when they do approach the system they don't get the sense that their needs or issues are fully understood. As a consequence, there is a gap that needs to be addressed. A broad service system that has helping children as its objective, must ensure that there are programs designed to assist parents as well. Often community-based models can be most effective in this area; parent information courses and parent support groups need to become part of a comprehensive system.

- **Inter-agency Structures** - More effective inter-agency cooperation is often cited as one of the ways to maximize the effective use of existing resources in dealing with escalating demand. This is probably true up to a point; being more knowledgeable about who does what and how to refer can increase efficiency. However, inter-agency efforts need to become more family-community focused, and they need to become more creative in supporting children and families. Inter-agency efforts must begin to see the individual family, and at times an entire population or community, as the target of service. Only when this approach is taken will the interagency model of service delivery become relevant.

COMMUNITY RECREATION:

While the Province has a number of very good recreational programs directed at young people, the high risk young person does not become involved in or integrated with these programs easily. Recreational planners need to explore ways in which to seek out and involve the high risk adolescent in recreational activities designed to build self-esteem, confidence, and risk-taking.

As indicated earlier, the Province does have quite a number of services available for children and young people, but there are gaps and the system is not well rationalized. The following table sets out what a comprehensive service continuum might look like. The components that are highlighted in bold type indicate where our system is weak. While some of the components are in place regarding prevention and early intervention, there is no strategy with which to coordinate or link these initiatives.

SERVICES CONTINUUM - HIGH RISK ADOLESCENTS

RESIDENTIAL	COMMUNITY INTERVENTION SERVICES	RISK RESOLUTION/PREVENTION/EARLY INTERVENTION
Regular foster home	Assessment/consultation (crises intervention)	Public education - targeted at minimizing high risk factors
Specialized/therapeutic foster homes	Child/family counselling	Early detection; assessment; referral; follow up; e.g. reproductive care program, public health assessments
Adolescent Group Homes	Addiction treatment services	Early intervention - child development programs; therapeutic day care
Transition homes, supervised apartments	Treatment groups (Victims of Abuse, Alcohol and Drugs, other mental health issues)	Voluntary/self help groups (SADD, Peer Counselling)
Community-based residential programs	School support services	Community integration/recreation programs
Hospital-based residential programs (Adolescent Unit)	Alternative education options	Life skills; employment preparation skills
Secure/open residential facilities (Young Offenders)	Street programming, drop-in centres	

CHAPTER THREE
EMERGING TRENDS

"The child's social network is defined as the child's personal community. This includes the 'significant others' in the child's life, the family's social network, and the larger community institutions and agencies which influence children and their families."

An Ecological perspective

3 EMERGING TRENDS

While Government has been directly involved in the delivery of many of the core basic services to *at risk* children and adolescents within the Province, the community has been taking an increasingly active role in recent years. Agencies such as the private service bureaus, Boys & Girls Clubs, Big Brothers and Big Sisters, and other community-based networks, are involved from both the direct service and community education points of view. As a result, some new service "themes" are emerging:

- **a government-community/partnership;** a mutual recognition that the needs of young people are becoming more acute, and that both community and government must work with young people and their families to ensure that the challenges before us are met.

- **youth participation;** a recognition that young people themselves must be invited to participate in the dialogue, and be given an opportunity to help design and provide the supports, particularly at the education-prevention levels.

- **preventive initiatives;** a recognition that there is a need for a proactive strategy aimed at reinforcing the natural support systems within the community's *social network;* i.e. the young person is part of a family, the family is part of a social network, and the social network is part of the larger community environment.

Some concrete expression of these themes over the past year or so include:

- community agencies, schools, and government departments have jointly sponsored several awareness/education forums targeted at the needs of children and youth within the past year. Some examples:

  - Feb. 13-14/89 - Working with Troubled Youth
  - June 13/89 - The Needs of the High Risk Youth
  - Nov. 20/89 - Child & Family Forum
  - Dec. /89 - Drug Awareness
  - Dec. /89 - Family Violence

- the Boys & Girls Club of Charlottetown conducted an extensive survey of needs of young people in Charlottetown; Approximately 400 young people filled out the survey questionnaires. A report, "Impact on Youth" was publicly released in December, 1989. The Boys & Girls Club will use the results of this survey to develop future programming.

- the School Unit # 2 Administration has targeted high risk youth as a priority for study; a Youth at Risk strategy committee is now looking at concrete ways in which the school system can support this group.

- Self-Help initiatives among young people themselves continue to grow and develop; peer counselling in schools, SADD Chapters, students/young people working on "Teenline", a phone-in support/referral service for teens.

- Students Assistance Program; a program targeted at the "high risk" student and substance abuse operated very successfully out of the Montague Junior and Senior High School over the past year.

- An interagency committee has established and successfully demonstrated an alternative education model for young offenders and other high risk youth, in Summerside; a similar project has also operated in Unit # 1.

- The Catholic Family Services Bureau has operated, with the help of a CEIC job development grant, a "time out" residence for young people who are experiencing acute family relationship problems, and need some "space" apart.

- A provincial chapter of the National Youth-in-Care Network is in the formalization stages; these are young people who have been "clients" of the formal in-care system (foster care, group homes, treatment homes, young offenders facilities) who have come together in an organization to begin to advocate for their needs and others who are currently in these systems.

- Youth Making a Difference is another initiative directly involving young people learning to problem solve; this initiative was originally part of the Federal Government prevention program regarding young people and crime.

- In the Montague area, the Mental Health team has been working with the local community in delivering an effective education program designed to help parents understand and deal more effectively with their role as parents.

- The Youth Court Clinic Project; this was a specific undertaking of the Department of Justice designed to study how services to young people involved with the youth courts and young offenders services could be enhanced or made more effective.

- Work Oriented Workshops (WOW) is an employment training/enhancement program designed to help disadvantaged young people overcome employment barriers, and develop work skills and self-confidence. This program is part of the Canada Employment and Immigration network of incentive programs, and community organizations and agencies can become involved in sponsoring these workshops.

- Youth Employment - a provincially funded youth employment program offered to Island students over the summer months; this program is not generally targeted at the *at risk* young person, but has features which could benefit this population.

- Community Youth Worker Program - A community-based program delivered by the Department of Justice field staff; the program is designed to provide the young person who has been placed on probation with necessary community supports so that he/she can become re-established.

- In Eastern Kings, the community has worked with the Department of Justice in putting a Youth Justice Committee together. This committee is a community-based group with an interest in becoming directly involved with the support needs of young offenders in the Eastern Kings community.

- The community leaders in O'Leary have taken steps to provide the young people in that community with a Youth Centre; a place where young people can go and participate in a variety of recreational and social activities.

In virtually all of the above instances, these initiatives have resulted from the combined efforts of community, government, and young people themselves; it represents in many ways one of the new directions in which further service development must go. These initiatives have demonstrated their effectiveness, but at this point in time are only able to serve a limited number of young people. Additional resources, from government and community, will be required in order to make these supports available to more youth and their families.

CHAPTER FOUR
CONCLUSIONS

"Our greatest challenge may be to increase public responsibility for children, while strengthening the role of the parent and family."

Allison Clarke-Stewart, Child Care Analyst

4 CONCLUSIONS

While there can be no question that services for children and adolescents have developed and expanded over the past ten to fifteen years and there are a number of services in place, there have been some weaknesses in the way in which services developed.

Fragmentation - the existing service system for adolescents is really a series of systems which do not necessarily have a common philosophical, legislative or organizational framework. While there is a great deal of cooperative goodwill and interaction between the service systems, there is no statement of larger policy goals which would provide guidance to either the monitoring of current initiatives or the rational development of new programs.

Reactive Planning - in many instances, services were developed as the result of a reaction to an emerging symptom, as opposed to a clear sense or understanding of the developmental needs of children. Hence, many programs and services are aimed at dealing with the consequences of social stress and disruption, rather than providing support and assistance to help families deal with these *stressors* as they encounter them.

Case Management - With respect to case management, there is no formal structure in place to ensure that high risk cases do not *drift or bounce* within the larger system. As a result, young people with serious needs are further victimized by the system's inability to take responsibility to develop an appropriate case plan.

Awkward models or structures - service interventions were often adaptations of adult service models, and as a result, had difficulty in connecting with the real needs of the child. As well, the service models often do not provide an easy avenue for community participation and/or involvement.

Accountability - the accountability features are generally system based rather than service based, and as such the system receives limited relevant feedback on which to judge whether or not the service intervention is really helpful.

These elements are not unique to the Prince Edward Island system, in fact, these features are most likely part of any service system that has developed anywhere within the past several decades.

There is not much doubt in the minds of those who are working with children and families that dealing with the current and future needs will be a demanding and long term effort. Families and children will continue to face social and personal difficulty brought on by continuing economic and social change. Like any meaningful investment, dealing with the needs of young people on Prince Edward Island in today's social environment is, and has to be, a long term investment.

CHAPTER FIVE
ISSUES AND RECOMMENDATIONS

".....but while positive steps have been taken and laws enacted to deal with individual cases, our over-all attitudes toward children seems to have changed very little.

We fail to see them as individuals with rights of their own; we often demand obedience to our rules, whether fair or not; we exert pressure to live up to our expectations no matter how attainable; we want ourselves to be reflected favourably in our children's behaviour and achievement.

In our attitudes to children here in Canada, and to millions of those unseen around the globe, I think that we should take a long look at ourselves and ask if it is not our misguided feelings of ownership and our own selfishness at the root of mistreatment, exploitation and neglect of children."

Roy Bonisteel
CBC/FM's Island Morning
January 17, 1990.

5 ISSUES AND RECOMMENDATIONS - SYSTEM DIRECTED

NO STATEMENT OF BELIEFS - PRINCIPLES:

The system lacks any clearly stated framework of beliefs - principles with regard to how we see and value our young people. Are our children and young people an essential part of our family and community structures, or are they simply "there on the sidelines" until their contribution and participation is needed for economic or other reasons? There is a need to set out our beliefs and views regarding the children and young people of the Province.

RECOMMENDATION # 1

That the following child-centered beliefs and principles be adopted as a basis to focus services to children and adolescents.

The young person must be viewed as an essential and critical person in our families and community. He/she must be given a clear message of his/her worth and value as a "here and now member" of the community.

The young person's life experience is real and is a part of the human ecological framework; the young person is part of a family, that family is part of a larger social network, and that social network is part of a larger community having institutions and agencies which impacts on children and families.

The young person's optimum growth and development can best be achieved when there is acceptance and caring from a significant adult in his/her life; stability and predictability in his/her social environment; and opportunity for involvement and participation with his/her community.

Young people are innately positive and optimistic; they are resilient and have the ability to use a nurturing and stimulating environment to cope with or overcome adversity.

ORGANIZATIONAL PRINCIPLES:

Because there are several departments and agencies involved in delivering services to adolescents, there is a need to establish criteria to guide how services are organized and delivered. In an effort to address some of the drawbacks with regard to how services have developed in the past, the following design principles are recommended:

RECOMMENDATION # 2

That the following principles be adopted as a basis to guide how services to children/ adolescents are organized and delivered.

Shared responsibility; the responsibility for meeting the developmental needs of children and adolescents is a shared one between families, community agencies and Government.

A family/community focus; The objective should be to improve and support the capability of the family and community to meet the needs of its young residents. Processes that foster involvement, competence and control are critical to strengthening communities and encouraging ownership of issues.

Integrated delivery models; delivery models which are designed to deal with a broad range of needs tend to be more effective, and are preferred by most families.

Least intrusive intervention; the least intrusive mode regarding any type of service intervention should be employed; the objective is to ensure that the adolescent remains connected to his/her natural support system rather than to have this system disrupted.

Flexibility; the developmental needs of the young are quite changeable and transient; flexible institutions and programs are going to be more efficient and effective over the long run.

Clarity of mandates; the mandate within Government to plan/manage the design and delivery of the service to the high risk adolescent must be clearly assigned and resources must be provided to carry out this mandate.

Comprehensive services; the range of services to address the developmental needs of children and adolescents must have a balanced focus on early intervention, family support/treatment and rehabilitation.

Accurate information; an integrated data/information base with respect to the high risk young person is critical to the effective management of existing services, and the development of new services.

SYSTEM COORDINATION:

On a day-to-day basis the service systems generally operate independent from one another. However, there is a need to ensure that there is a level of information-sharing and coordination on the broader issues or questions. While a number of departments and agencies do work together on specific issues or projects, there is no formal vehicle or mechanism to ensure that interdepartmental coordination takes place.

RECOMMENDATION # 3

a. That the Social Policy Committee of Deputy Ministers be assigned the responsibility of ensuring that policy development and program implementation regarding services to children and youth within the Government sector is coordinated.

b. That the Social Policy Committee of Deputy Ministers establish an interdepartmental working group of senior officials representing those sectors primarily involved in the delivery of services to children and youth.

SERVICE MANDATE:

The structure within the Department of Health and Social Services with respect to services to the high risk needs to be redefined. Four separate divisions have responsibilities under the existing arrangement; The Division of Child and Family Services, the Division of Community Health, the Director of Mental Health, and the Division of Extended Care and Aging. (Adolescent Unit). The issue as to which division has what function needs to be clarified.

RECOMMENDATION # 4

That the Department of Health & Social Services be assigned the mandate to establish a youth services system designed to service the high risk adolescent.

This mandate should include the following:

- **The Division of Child and Family Services be assigned the administrative responsibility, with the Division of Community Mental Health providing clinical leadership and support.**
- **That the Adolescent Unit be reassigned from the Division of Extended Care and Aging to the Division of Child and Family Services, and that it be relocated from its current hospital setting to a community environment.**
- **That the Adolescent Unit role be changed from its existing one of long term treatment, to one of short term treatment and assessment with some beds available for emergency placements, and that it become part of an integrated, specialized placement system.**
- **That a strategy to recruit, develop and maintain a system of specialized foster homes for high risk adolescents be developed.**
- **That regional resource teams connected to existing services to provide early intervention, consultation and case management for the high risk adolescent be established.**
- **That a regional "bank" of beds to be used for emergency short term placement be identified, and a protocol to allow these beds to be efficiently utilized be developed.**
- **That a centralized, integrated data base on the high risk adolescent population be developed to assist with planning, research and evaluation.**

SCHOOL DROPOUTS - ALTERNATE EDUCATION MODELS:

It is estimated that approximately 800 - 1000 students withdraw or drop out of the school system each year. This represents approximately 8 - 10% of the 12 - 18 year school age population. These students are generally between grades 7 and 12, and, for a large number, the reasons for leaving school are unknown. The education system has no method at this point to accurately track this group. One of the characteristics that is prevalent with high risk young people is a history of poor performance and/or sporadic attendance with respect to the school system. There needs to be a tracking system for the school dropout. In addition, the educational system does not have an alternative education strategy designed to address the requirements of those students who are not able to adapt to the conventional program. There needs to be a concentrated effort undertaken to address this area.

RECOMMENDATION # 5

a) That the Department of Education establish a data collection system to "track" information on the annual school dropout pattern.

b) That the Department of Education, in conjunction with school units and other relevant community-based agencies, establish an alternative education strategy designed to meet the needs of the high risk adolescent in the school system.

SERVICES TO ADDICTED YOUTH:

Surveys and studies over the past several years indicate that young people continue to be vulnerable to the allure of alcohol and drugs. In recent years, the staff of the county addiction boards are encountering more and more adolescents who are abusing alcohol and drugs and who require treatment and education. The abuse of alcohol is also a prominent characteristic within the young high risk population.

Through the Queen's County Addiction Services Board, the Alcohol and Drug Problems Institute delivers a program specifically to adolescents. This program has both a treatment and education focus, and appears to have had very good results in reaching young people who are vulnerable to alcohol and drug addiction. One significant feature of the Alcohol and Drug Problems Institute adolescent program is that it has begun to reach into the school population. This allows the young person to become much better informed regarding the risk at an early point, and to make decisions earlier regarding their own use of alcohol and drugs.

RECOMMENDATION # 6

That the service agreements between Government and the County Addiction Services Boards include a provision regarding services to adolescents, and that appropriate financial resources be provided to establish and/or expand services.

LIFE SKILLS - EMPLOYMENT SKILLS:

Because of their often troubled and traumatic life experience, high risk young people lack many of the essential life skills basic to dealing with the transition from dependency to independency. This deficit leaves them at a serious disadvantage when it comes to dealing with many issues, including the eventual task of securing relevant employment opportunities. The role of the school system in this area needs to be explored and more clearly defined. While there are both provincial and federal initiatives targeted at youth employment from time to time, no real employment strategy to address the needs of this population exists.

RECOMMENDATION # 7

That a youth life skills/employment strategy that is relevant to the needs and capabilities of the high risk youth population be established.

EARLY INTERVENTION:

While this report has been mainly concerned with the needs and requirements of the high risk adolescent, it is acknowledged that for many adolescents their difficulties did not begin because they grew older. Despite our need to be preoccupied with the concerns of the present, we have to start looking at early intervention strategies. There already exists several significant efforts which have an early intervention focus: the Reproductive Care Program designed to intervene with high risk pregnant mothers, the Public Health Nurse's Early Screening Program, the Early Childhood Development (Day Care) Program, and the joint efforts of Education/Health and Social Services to provide individualized supports to emotionally disturbed children under twelve. However, these efforts are not linked together within an early intervention strategy. Those environments which are part of the child's everyday experience - family, community, school - need to be explored regarding their potential to be a critical part of an early intervention strategy.

RECOMMENDATION # 8

That the responsibility for establishing the framework for an early intervention strategy targeted on the developmental needs of children be assigned to the Social Policy Committee of Deputy Ministers.

ISSUES AND RECOMMENDATIONS - COMMUNITY DIRECTED

COMMUNITY-BASED, INTER-AGENCY INITIATIVES:

The larger community is taking an increasingly active interest in examining what role it can or should have in supporting families and children. The most effective programs or efforts can result from strong community involvement. A future direction should be to help the community better understand and deal with the needs and aspirations of all its young citizens, and to assist the community in defining its priorities and goals.

RECOMMENDATION # 9

a) **That a commitment be undertaken to use this report as a basis for initiating discussion with youth organizations, community agencies, service organizations, municipal bodies, churches, and business interests regarding a collective interest in investing more strategically in the future of the young people of Prince Edward Island.**

b) **That Government ensure that there will be the funding flexibility or capability to assist community-based, inter-agency initiatives designed to assist young people and their families.**

YOUTH PARTICIPATION - INVOLVEMENT:

Recent experience has demonstrated that young people can, and want to, make a difference. The energy, enthusiasm, and ideas of young people need to be more directly engaged. A number of youth based organizations currently exist within the Province, but there is no regional mechanism to channel or invite their views on issues relevant to them.

RECOMMENDATION # 10

That efforts be undertaken to explore the concept of regional youth councils as a means of bringing forward the views and ideas of young people, and inviting them to become a formal part of the community's support network.

PARENT - FAMILY SUPPORT:

An increasing number of parents are feeling alone and abandoned in their role; parents often feel guilty for having "failed" as parents, and find it difficult to reach out and seek support and information. There is no parent support network through which parents can feel comfortable to share their fears and apprehensions, and get support in their role.

RECOMMENDATION # 11

That community organizations and agencies who are active or interested in serving families begin to involve parents in establishing support networks through which information and parenting experiences can be mutually shared.

COMMUNITY RECREATION PROGRAMS:

Recreational programs provide a natural attraction to young people, and therefore, represent a useful vehicle to engage young people. The Province has a number of very good recreational programs directed at young people. Often however, the high risk young person does not become involved in or integrated with these programs easily. Recreational planners need to explore ways to seek out and involve the high risk adolescent in recreational activities designed to build self-esteem, confidence, and risk-taking.

RECOMMENDATION # 12

That the recreational planners within both Government and community programs ensure that the recreational needs of high risk adolescents be incorporated into community recreational programs or strategies.

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